

Updates from the Field...

Strengthening Public Health Systems and Workforce Capacity Globally

Winter 2011, Issue 5

Director's Message

Dear Colleagues:

As we approach the

New Year, it is traditionally a time to reflect on events of the past 12 months and look forward to what that

new year will bring. It is — *Peter B. Bloland* also a time to recognize and thank our staff in the Division of Public Health Systems and Workforce Development (DPHSWD) in Atlanta and around the world for their hard work and dedication, their patience with organizational change, and their ongoing commitment to providing support to our many partners around the globe.

During the last year, CDC has strengthened its global health activities and advanced the development of the Center for Global Health (CGH). The Center now contains groups focused on HIV/AIDS, parasitic diseases and malaria, global disease detection and emergency response, immunizations (including polio eradication and measles elimination), and of course, our own activities supporting global public health capacity building and systems strengthening. Our division has also undergone a transition, moving to a more efficient organizational structure to support Field Epidemiology Training Programs (FETPs) through the Field and Applied Epidemiology Training branch (FAETP) and creating a new branch, the Public Health Systems Strengthening branch (PHSS) to specifically support public health systems strengthening. Within the PHSS branch, we have added



new groups and staff to better address public health informatics, integrated disease surveillance and response, and monitoring and evaluation. While change can be difficult, it is also necessary for progress. We strongly feel that the changes we have instituted will allow us to better support our partners around the globe and achieve greater and more sustainable impact on the health of people living in low- and middle-income countries.

“In the coming year, we look forward to establishing a number of new initiatives that will allow us to provide even greater support to our partners around the world.”

In the past year, we have worked in close collaboration with our partners and made notable progress in a number of areas, some of which are described in this edition of the newsletter. With our partner, TEPHINET, we have moved forward with developing a system of accreditation for FETPs. The accreditation system will join existing tools, such as the facilitated self-assessment (aka the “scorecard” assessment) and TEPHINET’s Continuous Quality Improvement framework, as important support mechanisms for achieving and maintaining high quality field and applied epidemiology training and public health service. Three major events were supported by the division in 2011: EIS International Night in April, the Public Health Informatics Conference International Night held in August, and the Global Health Leadership Forum in November.

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Seeking Submissions...

If you would like your program to be featured in an upcoming issue of Updates from the Field, please send a 300-500 word summary of your program's activities and photos to Ruth Cooke Gibbs at icn6@cdc.gov.

Center for Global Health

Division of Public Health Systems and Workforce Development



Updates from the Field...

Highlights of Investigations

CDC and Kenya's Field Epidemiology and Laboratory Training Program Respond to a Polio Outbreak in Rongo District in Nyanza Province

As a result of nation-wide vaccination campaigns, importation of wild polio virus, or polio occurring through natural infection, has virtually been eliminated from many countries around the world. However, during the last five years, Kenya has had two such outbreaks of wild polio virus due to importation from other countries. The first one occurred in 2006 in Garissa District and the second in 2009 in Turkana District. On August 25th 2011, the Kenyan Ministry of Public Health and Sanitation (KMOPHS) received a report from the KEMRI Polio Laboratory in Nairobi confirming a case of wild polio virus type 1 in a three year old boy from Rongo District in Nyanza Province in Western Kenya. According to hospital records, on July 30th, the boy was rushed to the local clinic by his mother after his right leg suddenly became paralyzed. The boy was treated at the local clinic in Rongo District where stool specimens were collected, and sent to the laboratory where it was confirmed that the child had been infected with wild polio virus type 1. Dr. David Mutonga, K-FELTP graduate and current head of the Kenya Department for Disease Surveillance and Response said, "Both outbreaks were genetically associated with the ongoing circulation of wild type polio virus in neighboring Uganda and South Sudan."

After confirming reports, Kenya's Field Epidemiology and Laboratory Training Program (K-FELTP) was immediately contacted to support an investigation of the case. On August 29th 2011, working in close collaboration with CDC's Global Diseases Detection Center in Kenya and the Global Immunizations Division in Atlanta, K-FELTP deployed three residents to join the national MoH team in Nyanza Province for the initial response. During the investigation it was revealed that the boy infected with the wild polio virus was



Cohort 8 K-FELTP resident, Johana K. Too vaccinating a child against polio during the vaccination campaign in response to the polio outbreak in Kenya, 2011.

not vaccinated because the family belonged to a religious sect whose beliefs do not support modern medicine, including the use of vaccinations. Having limited information about the religious groups and amid growing concerns that a large number of people in this province might have similar beliefs that could adversely affect polio awareness and prevention campaigns being planned in response to the outbreak, it was clear that further investigation and education outreach was necessary.

To address these concerns, two K-FELTP residents were deployed to Nyanza Province to conduct an investigation using qualitative research techniques such as key informant interviews and focus group discussions to gather information about the cultural beliefs of the various religious sects and their views about vaccination. The team determined that three main religious sects operate in the province, and recommended that in preparation for the upcoming immunization campaign, the Ministry of Health should engage the religious leaders of these sects,



Kenya FELTP residents conducting focus group discussions in the communities of Rongo District during the polio outbreak investigation in Kenya in 2011.

educate them about polio and how the virus spreads, and stress the importance of encouraging their followers to get vaccinated to prevent the spread of the disease. The K-FELTP also recommended that the ministry inform the religious leaders about the launch of the upcoming polio immunization campaigns, invite them to be a part of the social mobilization media campaign, and recruit members of each sect to participate as volunteers during the campaign.

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Updates from the Field...

Highlights of Investigations

Ghana FELTP Residents Investigate Rare Pig Rabies Outbreak – An Emerging Threat to Public Health and Food Security

On September 13, 2011 Dr. William Tasiame, Ghana Field Epidemiology and Laboratory Training Program (G-FELTP) resident and District Veterinary Officer in the North Tongu District of the Volta Region was informed about strange behavior being exhibited by a sow which was bitten by a stray dog three weeks earlier. Although rabies was suspected, rabies in pigs is uncommon and accounts for only 0.1-1.1% of the incidence of animal rabies globally. The next day, a G-FELTP team was dispatched to assist the North Tongu District Veterinary Department to investigate the suspected rabies outbreak, identify the source of infection, characterize the human and animal populations at risk, and implement control and preventive measures as needed. When the G-FELTP team reached the community, the pig was already dead and its carcass was being prepared for consumption by the community. Recognizing the potential danger of being exposed to the carcass, the G-FELTP team implored community members to dispose of the animal, not eat the suspected contaminated pork, and immediately wash their hands with soap and water. The head of the pig was retrieved from the butchers by the G-FELTP team for further examination. However, despite warnings of possible rabies contamination, the remainder of the carcass was taken by members of the community and served as a delicacy.

Further investigation by the team indicated that a gilt in the community was also showing classic signs of rabies including hyper-excitation, roaring, twitching its head and foaming. The gilt was euthanized. The remnants of the head of the pig as well as the head of the gilt were dispatched to Accra Veterinary Reference Laboratory for further examination. Specimens of the brains of both animals tested positive for rabies virus. After laboratory confirmation, the



Dr. William Tasiame (G-FELTP Resident) and Ms. Diana Gbekor-Kove (district public health nurse) during a radio talk show on the rabies outbreak.

G-FELTP team euthanized two other pigs that were bitten by the stray dog. Those pigs also tested positive for rabies.

Further investigations concluded that six people between the ages of 19 and 51 had access to the rabid pigs and were therefore at risk. All individuals at risk were given referral letters and told to seek assistance at the local hospital. The hospital administrator was also notified about the incident.

This was the first reported rabies outbreak in Ghana involving pigs. In follow-up to the investigation, a stakeholder meeting was convened by the District Chief Executive. Dr. Tasiame, FELTP resident who led the investigation, presented the outbreak investigation report to the District Health Director (DDH), hospital administrators from two hospitals, an environmental officer, the district police commander, the district director for agriculture, and the district information officer. Compulsory vaccination of dogs, free provision of post-exposure prophylaxis (PEP) for exposed persons, and stray dog elimination were

accepted as public health measures to be implemented by the team. Three radio talk shows were organized with the District Public Health Nurse to sensitize citizens on rabies prevention. People from other districts also participated by calling into the radio broadcast with suggestions and questions. The outbreak report was also presented at the World Rabies Day seminar organized by Global Alliance for Rabies Control in Accra. As part of the 'One Health' collaboration, the DDH invited the District Veterinarian on two occasions during their training programs to give a talk on rabies to religious leaders and teachers who will in turn teach their congregations and students in the communities about rabies prevention. A total of 75 dogs were vaccinated in the two surrounding villages and plans are underway for a mass rabies vaccination of dogs in the entire district.

For further information, please contact Dr. Chima Ohuabunwo, Medical Epidemiologist & Health Systems Consultant at flcandi@gmail.com or Dr. William Tasiame, Ghana FELTP Resident drwilly2002@yahoo.com

Updates from the Field...

Partnership Matters

The President's Malaria Initiative and CDC's Field Epidemiology Training Program Develop Partnership to Address Challenges in Malaria Control and Elimination

Collaboration is a key operating principle in global health and so it is not surprising to see the developing partnership between the President's Malaria Initiative (PMI) and Field Epidemiology Training Program (FETP) as both programs strive to enhance public health workforce capacity, health systems, and infrastructure to improve health outcomes.

According to Dr. John R. MacArthur, Chief, CDC's Malaria Program Implementation Unit, "The goal of the partnership is to develop a cadre of professionals who have malaria expertise to address future challenges in malaria control and elimination".

PMI was launched in 2005, as a historic \$1.2 billion, five-year U.S. Government (USG) initiative to control malaria and halve malaria-related mortality in 15 African countries. It has expanded and now includes 19 African countries and the Greater Mekong Sub-region. With PMI's expansion, its goal is to at least halve malaria burden in 70% of at-risk populations in sub-Saharan Africa, totaling approximately 450 million people. The U.S. Agency for International Development leads PMI and co-implements it with CDC. A multidisciplinary team of professionals in CDC's Malaria Branch based in the U.S. and abroad make up the CDC PMI team. PMI supports malaria activities in close collaboration with national malaria control programs, academic institutions, nongovernmental organizations, USG entities, and other CDC-sponsored programs. The success of these activities



Proud graduates of the first Tanzania FELTP cohort, December 2010.

and PMI depends in part on a strong, sustainable pipeline of competent health care and public health practitioners who are knowledgeable of and experienced in malaria prevention and control including the development, implementation, and monitoring and evaluation of programs. Additionally, some of these practitioners are and will become researchers and innovators who play a major role in leading public health initiatives that impact health outcomes.

The FETP, established in 1980, regularly collaborates with multiple partners as it fulfills CDC's mission to provide applied epidemiology training to strengthen public health systems and build capacity in low- and middle-income countries. Additionally, by working with ministries of health and other partners, FETP has established country-specific and regional programs in locations where PMI coexists. According to Dr. Peter B. Bloland, Director, CDC's Division of Public Health Systems and Workforce Development, "The FETP model of didactic and field-based, on-the-job training, is a platform that lends itself to a partnership with PMI to develop

a malaria-focused curriculum or 'track'. The outcome will be graduates who are not only strong epidemiologists, but are also competent in malaria prevention and control and poised to assume leadership roles in their respective countries as malaria experts."

This collaboration has strengthened both programs. In fiscal years 2010 and 2011, PMI committed funds to support FETP programs and trainees in

eight countries (Angola, Ethiopia, Ghana, Kenya, Mozambique, Nigeria, Tanzania, and Zimbabwe). Additionally, PMI Tanzania Resident Advisor, Peter McElroy, PhD, MPH, has taught and advised FETP participants and identified malaria-focused projects for them. For example, an FETP participant evaluated the malaria early epidemic detection service in the National Malaria Control Program of Zanzibar.

When asked about his vision for the FETP-PMI partnership Dr. MacArthur responded, "The groundwork has been laid and the possibilities are bright for strengthening the partnership between PMI and FETP and to graduate more professionals with expertise in malaria control. Ultimately, the capacity for in country ownership of malaria control activities will be enhanced."

For further information, please contact Gail Stennies, MD, MPH, Regional Coordinator, PMI at gds2@cdc.gov



Updates from the Field...

Partnership Matters

TEPHINET Program Directors Discuss FETP Accreditation

In September 2011, directors from many of Training Programs in Epidemiology and Public Health Interventions Network's (TEPHINET) 53 member programs met in Lyon, France, to discuss the next steps in implementing a process for accreditation of Field Epidemiology Training Programs (FETPs). After much deliberation, program directors and TEPHINET's leadership agreed on a plan to pilot the accreditation process in 2012. According to Dionisio Herrera, TEPHINET's Director, "Coming to an agreement on establishing an accreditation process is an important milestone in the organization's history and provides an excellent opportunity for us to work together to establish standards for quality improvement and gain more recognition for program excellence at all levels."

During the meeting, programs met in regional groups to discuss their thoughts about the proposed accreditation process and pilot phase and reported back to the general assembly. Program leaders agreed that while accreditation is important for the continued growth of FETPs and their ability to strengthen public health capacity at country, regional and global levels, country expectations for FETPs may vary, and these differences should be taken into consideration during the accreditation process.

Over the next several months, the TEPHINET advisory board and accreditation working group will continue to develop the accreditation plan and outline the roles and responsibilities of those involved in the accreditation process. The draft plan will eventually describe the minimum criteria for accreditation, the implementation



TEPHINET Program Director's Meeting, September 21-23, 2011 in Lyon, France.



Dr. Paul Kelly, Chairman of the TEPHINET Advisory Board addresses the group during the Program Director's Meeting in Lyon France and discusses the importance of accreditation for TEPHINET members.



Program Directors of Tanzania, Malaysia and France working during an accreditation breakout session at the Program Director's meeting that took place in September 2011 in Lyon, France.

process, and a timeline for completion. The proposed plan will be discussed in more detail during each of the regional TEPHINET scientific conferences that are being held through the end of 2011. An updated accreditation manual will be distributed by early February 2012. TEPHINET's advisory board will establish an initial phase in which the process will be piloted in a number of FETPs starting in April 2012. According to Dr. Herrera, "We anticipate that 4 to 5 FETPs from different regions will participate in the pilot process. The results of the pilot phase will be shared with the global FETP network at the TEPHINET global conference in Jordan in 2012."

TEPHINET thanks its global partners (World Health Organization, European Centers for Disease Control and Prevention, and the U.S. Centers for Disease Control and Prevention), regional networks, and all of the FETP programs for their collaboration during development of the accreditation process and looks forward to continued efforts towards a successful implementation in 2012.

For presentations and details on the directors meeting please see the accreditation working group space on TEPHINET's website at: <http://library.tephinet.org/groups/accreditation-workgroup>. Registration is required to access the website.

For further information please contact:
Daniela Salas dsalas@tephinet.org

Updates from the Field...

Partnership Matters

Gates Grant helps CDC-Emory University Partnership Strengthen National Public Health Institutes in Low- and Middle- Income Countries

Emory University's Global Health Institute has received a three-year, \$6 million grant from the Bill & Melinda Gates Foundation to continue the work of the International Association of National Public Health Institutes (IANPHI) and further develop a model for creating new or strengthening existing national public health institutes (NPHIs).

The U.S. Centers for Disease Control and Prevention (CDC) will be a major partner in this grant as it takes increasing responsibility for long-term NPHI development projects through its Division of Public Health Systems and Workforce Development (DPHSWD). Under the new grant, IANPHI, through its Secretariat at the Emory Global Health Institute, will collaborate with CDC in three-year capacity building projects in four low-resource countries. In addition, the grant will fund short-term strategic planning and assessment projects in low-resource countries. In the process, IANPHI technical assistance methods and model for NPHI capacity building will be transferred to CDC, with the intent that they will be sustained over time as part of CDC's global health capacity building efforts.

"CDC has had a longstanding and successful collaboration with Emory University in a broad range of global public health efforts," says Dr. Peter Bloland, Director of DPHSWD. "The grant from the Gates Foundation to IANPHI through the Emory Global Health Institute provides an exciting new platform for CDC and IANPHI to work collaboratively on building essential public health capacity in low-income countries. CDC's more than 60 years as the United States' national public health institute uniquely qualifies us to support other NPHIs. This collaboration complements CDC's other capacity development programs, such as the Field Epidemiology Training Program and the Sustainable Management Development



Dr. Peter Bloland, presenting at IANPHI's 2011 Annual Meeting in Helsinki, fall 2010



Jeffrey Koplan, MD, MPH, vice president for global health at Emory, IANPHI president and principal investigator for the new IANPHI grant, and former director of the U.S. CDC

Program. We look forward to having even greater success with helping resource-poor countries increasingly address their own public health priorities."

IANPHI, based at the Emory Global Health Institute and Finland's National Institute of Public Health and Welfare, is a network of the world's public health leaders from more than 80 NPHIs. These CDC-like organizations lead national public health systems that can swiftly pinpoint and control disease outbreaks, rapidly identify pathogens through laboratory science, reduce deaths and disability due to non-communicable diseases, and conduct operational research to inform national health policy.

According to Jeffrey Koplan, MD, MPH, vice president for global health at Emory, IANPHI president and principal investigator for the new IANPHI grant, and former director of the U.S. CDC, "We are grateful to the Gates Foundation for its strong commitment to IANPHI's project work through its international community of public health institutes, which since 2006 has used a peer-assistance model to strengthen national capacity to respond to health threats. We live in an increasingly interconnected society, and the public health issues of one country can quickly affect the entire world. It's important to think globally not only about public health problems, but also about developing and disseminating public health solutions. Because health risks are global, ineffective disease detection and response systems in one country can weaken the world."

NPHIs provide science-based leadership and public health services and are on the front lines of addressing public health challenges such as food safety, H1N1 influenza, polio, malaria, cholera, rabies, AIDS, and a host of other infectious and non-communicable diseases and conditions.

Coordinating core public health functions through an NPHI can result in more efficient use of resources and improved delivery of public health services. NPHIs are particularly beneficial in low-resource countries where they reduce brain drain by attracting and keeping qualified people, and stemming the tide of experts leaving government service for higher paying jobs.

For more information about IANPHI, please see www.ianphi.org. For more information about CDC's role in strengthening NPHI's, please contact Dr. Peter Bloland pbb1@cdc.gov

Updates from the Field...

Graduate Corner

Establishing FETPs in Peru and Central America – A Historical Perspective



Regional FETP tutors from 6 countries in the Central America region during a train-of-trainers workshop in Guatemala. (Front row, left to right) Dr. Carlos Alonso (CDC CAR), Dr. Edith Rodriguez (Honduras), Dr. Aurelio Nunez (Panama), and Dr. Elmer Mendoza (El Salvador). (Second row, left to right) Dr. Victor Caceres (CDC), Dr. Xiomara Badilla (Costa Rica), Dr. Orbelina de Palma (El Salvador), Dr. Ricardo Fernandez (Honduras), Gabriela Illescas (Guatemala), Dr. Tomiris Estepan (Dominican Republic), Dr. Gloria Suarez (CDC CAR), Dr. Moises Mayen (Guatemala), Dr. Augusto Lopez (CDC CAR), Denisse Traicoff, CDC Instructional Designer (CDC), Dr. Roy Wong (Costa Rica).

Since its inception in 1980, Field Epidemiology Training Programs (FETP) have been a key element in strengthening disease surveillance systems around the world. FETPs have been present in response to disease outbreaks and other health emergencies, and have been instrumental in building human resource capacity at different levels of the health system. While many FETPs are self-supported by their respective countries, during the last 30 years, the Centers for Disease Control and Prevention (CDC) has played a pivotal role in the development and implementation of FETPs in over 40 countries.

During the 1980's, a proposal to "eradicate the indigenous transmission of wild poliovirus in all countries of the Americas" showed weakness in health systems and lack of effective surveillance systems to accompany disease control and prevention activities. In the case of Peru, the surveillance system was not well established, information was underreported and of poor quality, and

the public health system did not have enough staff or equipment to detect and analyze frequent outbreaks of common diseases such as measles and whooping cough.

In 1989, a child survival project that included epidemiology workforce development as an objective was funded by United States Agency for International Development (USAID). Through this project, CDC, the Peruvian Ministry of Health (MoH) and the Universidad Peruana Cayetano Heredia, were able to establish a FETP in Peru. The first cohort had 10 participants from various departments within the MoH, and their training was a true reflection of the spirit of FETP, especially in-service training. The students (a.k.a. 'residents'), faced tremendous challenges as they had to investigate and manage the first epidemic of dengue fever since 1956 in the Peruvian jungle. This was also the year after the introduction of cholera along the coast of Peru and its subsequent spread across the continent and epidemics of measles, plague, and yellow fever. Collectively, these

disease outbreaks provided FETP residents with excellent opportunities to gain much needed hands-on experience and training in the field and in return, the FETP's field investigations strengthened surveillance systems, favored the elimination of polio virus, developed significant research, and inspired the formation of a national network of epidemiologists called Red Nacional de Epidemiologia (RENACE).

RENACE currently has over 900 national epidemiologists under its umbrella and provides a strong network of surveillance specialists at all levels of the health care system, generating better information for proper decision-making.

In 1998, Hurricane Mitch struck Central America. The devastating effects of the hurricane showed the inadequacy of Central America's public health system, and its inability to address such health emergencies. In response, the U.S. Congress, through USAID, provided funding for the reconstruction of countries affected by the hurricane, one component of which was the implementation of FETPs. CDC was given the task of establishing FETPs in the region and helped establish a regional FETP covering 8 countries. This program also championed a pyramid training model aimed at promoting epidemiologic and public health training at all levels of Central America's public health system. The model is based on three tiers of training with an integrated and standardized approach to training and a regional vision of sharing a common set of core competencies.

Since its inception the Central America FETP began forming a regional network of graduates and students in the region. One of its primary goals was to provide graduates and students a platform to share experiences and become a 'task force' to assist in regional emergencies. The need for such a regional network/task force became very apparent in January, 2001,

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Updates from the Field...



Training/Resources

2011 Public Health Informatics (PHI) Conference Features – International Night Improving Global Health Outcomes through Informatics

[Event Photos by Ken Johnson]

On August 24, 2011, the Centennial Ballroom of the Hyatt Regency Downtown, Atlanta, Georgia, was alive with activity. Vivid images of work by the Centers for Disease Control and Prevention's Global Public Health Informatics Program team flashed on large projection screens demonstrating the team and CDC's partners working in China, Saudi Arabia, South Caucasus, and other regions of the world to advance the use of informatics in support of global health research and practice. The visual effects and poster presentations set the stage for what will be remembered as an evening of reflection and insightful discussions about public health informatics and its role in building global public health capacity and saving lives. In his opening remarks, Dr. Kevin De Cock, Director, Center for Global Health, CDC said, "An emphasis on health informatics is relevant and important for the work that CDC and its global partners are doing to improve health systems. We believe that the use of new technologies for data collection, surveillance, and analysis, and dissemination of data and information will greatly enhance health outcomes and prevent loss of life. This is a collective effort and we need this and other kinds of specialized expertise to help us do our jobs more efficiently and strive for our common goal – safer, longer, healthier lives."

Hosted in partnership with the National Association of County and City Health Officials (NACCHO) and the 2011 Public Health Informatics Conference Team, International Night and other global health informatics activities provided a forum for public health and informatics professionals to exchange ideas and share information about the role of global health informatics in improving health outcomes for all.

Continuing the tradition set over the past few years, International Night was attended by more than 200 global health professionals. In addition to featured poster



International Night Volunteers (front row, L to R): Joy Goulding, Shannon Reese, Ruth Cooke Gibbs, Prachi Mehta (back row, L to R): Olympia Anderson, Donna Medeiros, Nykiconia Preacely, Muzna Mirza, Cary Cox, Jay Govindan.



Dr. Kevin De Cock, Director of the Center for Global Health, CDC, welcomes conference attendees.



Dr. Patrick Nguku, Nigeria FETP, (center) brought an in-country perspective to the discussion.

sessions, a panel discussion was moderated by CDC's Dr. Janise Richards under the theme *Collaboration – To Empower Public Health Systems Development and Improve Outcomes*. The discussion included brief presentations and remarks by 5 invited panelists — Mr. Christopher Bailey, World Health Organization; Dr. Lincoln Moura, International Medical Informatics Association; Mr. Mike Gehron, Office of the U.S. Global AIDS Coordinator; Dr. Patrick Nguku, Nigeria Field Epidemiology and Laboratory Training Program; and Dr. Paul Biondich of the Regenstrief Institute. While the panelists shared different perspectives about their experiences and views about informatics, all agreed that greater collaboration is needed to further the agenda of global public health informatics



Dr. Wuleta Lemma, Tulane University, discusses her poster for the SmartCare Electronic Health Record System with a fellow conference attendee.

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Updates from the Field...

Training/Resources

CDC's Global Health Leadership Forum Includes Policy Sessions in Washington, D.C.

In November 2011, the Centers for Disease Control and Prevention's Sustainable Management Development Program hosted the Global Health Leadership Forum in Atlanta, Georgia. Unlike previous years, this year's Forum also included sessions in the U.S. capitol where senior leaders from 11 ministries of health representing Africa, Asia, and South America had a close-up view of how things work in Washington, D.C.

Thirty-four participants attended the Forum and reported that the Forum broadened their way of thinking, enhanced their appreciation for United States Government (USG) agencies, helped them learn from other countries' experience, and provided a systems thinking approach to building public health institutes and non-communicable diseases.

The week's discussions in Atlanta included sessions on building strong health systems, building national public health institutes, and a presentation by Dr. Richard Cash, renowned author, researcher, and physician, known for his research and advancements in Oral Rehydration Therapy and Oral Rehydration Solutions. In addition, CDC provided a panel discussion about the risk factors for non-communicable diseases (NCDs). Participants were heard discussing the implications for their health systems and discussing the need to begin now to build strong systems to prepare for NCDs. Dr. John Seffrin, Chief Executive Officer of the American Cancer Society (ACS) shared leadership lessons and discussed the value of non-governmental organizations to advance the agenda of public health.

Dr. William Foege, Senior Fellow at the Bill and Melinda Gates Foundation and former CDC director, shared his insights about the 'Value of Leadership'. He underscored the importance of communication in building consensus and noted that "good leadership requires continuous work" Dr. Foege encouraged participants to develop shared



During the Global Health Leadership Forum, Dr. Richard Cash shares his experiences with the development and dissemination of oral rehydration therapy.



Dr. William Foege discusses the importance of participants developing 'shared value' with their partners, during the Global Health Leadership Forum.



Dr. Elizabeth Howze confers with members of the Global Health Leadership Forum's Vietnam delegation — Drs. Le Cu Linh, Vu Xuan Phu, and Cao Thi Hue Chi.

value with their partners and to advocate for improving the public's health.

Throughout the week, many CDC staff from across the Agency generously contributed their time and expertise to serve as liaisons connecting the Forum participants with CDC subject matter experts. According to Elizabeth (Libby) Howze, SMDP Team Lead, "CDC-Liaisons play a key role in supporting the participants during the Forum as they develop their country action plans, and in some cases, they continue to provide technical assistance and support after the Forum when participants return to their respective countries."

After the session in Atlanta, participants travelled to Washington, D.C. and heard from Senate Foreign Relations Committee

staff and Senate Appropriations staff about the legislative process in the United States. All the participants agreed that the briefing on Capitol Hill was the highlight of the Forum and helped them understand how funding and program direction decisions are made.

Discussions with Ambassador Eric Goosby, US Global AIDS Coordinator; Ariel Pablos-Mendez, US Agency for International Development; Kemy Monahan, Global Health Initiative; David Bowen, Gates Foundation; Jennifer Kates, Kaiser Family Foundation; and senior representatives from the Department of Health and Human Services' Office of Global Affairs shared their insights into the current USG programs and future directions. Forum participants expressed their gratitude and support for these efforts and encouraged continued US involvement in public health globally.

According to Dennis Jarvis, CDC's Global Health Leadership Forum lead organizer, "We are very pleased with the results of this year's Forum, and plans are already underway for next year's event. Additional details will be forthcoming in early spring 2012."

For further information about the Global Health Leadership Forum, please contact Dennis Jarvis at DJarvis@cdc.gov.

Updates from the Field...

Training/Resources **PHI International Night** *continued from page 8*

and its value to public health research and practice. According to the Master of Ceremonies, Dr. David A. Ross, Director of the Public Health Informatics Institute, "When we developed the program, our goal was to engage panelists and the audience in discussions that would inform and empower public health informatics initiatives worldwide, and I believe we achieved those objectives."

During the poster session, fourteen peer-reviewed global health posters were displayed on a variety of topics such as the use of mobile technology for data collection during disasters, developing a health informatics training curriculum for clinical stakeholders in sub-Saharan Africa, and enhancing primary care medicine research in distance practices through online consultancy and open source GIS.

The PHI Conference also included 24 peer-reviewed global health oral presentations and a global health workshop – 'Building an Informatics Agenda for Global Health'. The interactive workshop was conducted with 85 participants from 15 countries, representing

governmental organizations, private sector companies, academia, and nonprofit organizations. Participants focused on four areas: Policy and Governance, Public Health Knowledge Management, Collaborative Networks and Global Partnerships, and Capacity Building, Globally Reusable Resources: Metrics, Tools, and Templates, Digital Assets.

In his closing remarks, Dr. Seth Foldy, Director, Public Health Informatics and Technology Program Office (PHITPO), CDC said, "I think what many of us have discovered during the last four days is that the needs for public health information, at a fairly low level of abstraction, have extraordinary overlap; thus allowing us to try and solve many problems with a few simple solutions, especially if we focus on the key issues of the message or the document and how it's transported."

For further information please contact the Global Public Health Informatics Program (GPHIP) <http://www.cdc.gov/globalhealth/programs/informatics.htm> at GPHI@cdc.gov or Muzna Mirza, mmirza@cdc.gov.

Graduate Corner **Establishing FETPs** *continued from page 7*

when a devastating earthquake measuring 7.6 on the Richter scale affected El Salvador, resulting in 1259 deaths, loss of health infrastructure and economic losses totaling over \$1.6 billion. FETP residents were deployed to the disaster area to assist in the reconstruction of the country's surveillance system, conduct outbreak investigations as needed, and to develop rapid needs assessments.

The regional FETP in Central America has participated in several other health emergencies including Hurricane Stan and Hurricane Agatha, in Guatemala, where students of different levels of training were actively involved in gathering information from the monitoring system and developing needs assessments. FETPs have also been very active in responding to public health emergencies such as outbreaks of dengue in Costa Rica, Dominican Republic,

Guatemala and El Salvador; cholera in the Dominican Republic; and pertussis in Costa Rica. According to Moises Mayen, Guatemala FETP Class of 2001 and Director of the Department of Workforce Development 2005-2010, National Center of Epidemiology, MoH Guatemala, "...having been a trainee and then graduate of the FETP, gave me a different perspective of field epidemiology. Now we are a strong team with technical excellence in the country improving the decision making in public health. No matter how big the challenge, the role played by the FETP has been crucial in Latin America and has strengthened surveillance systems to cope with emergencies. The FETP has had a positive impact on public health in the region and it is very evident."

For further information, please contact Dr. Augusto Lopez acl9@cdc.gov.

Highlights of Investigations

Kenya *continued from page 2*



Map credit: Daniel Macharia, GIS Specialist, CDC-Kenya

In accordance with the Advisory Committee on Polio eradication (ACPE) new international standards for polio outbreak response were adopted by the World Health Assembly in May 2006 and became part of IHR regulations, and when polio cases are detected within a country, the MoH is required to conduct targeted polio immunization campaigns to assure that the disease does not spread. As a result, on September 24th, 19 K-FELTP residents were deployed to Nyanza province to support the polio vaccination campaign. The FELTP team was instrumental in monitoring the process to ensure that proper epidemiological methods were being followed and reliable vaccine coverage data were available to the ministry. According to Dr. Akwualle, Head for Department of Disease Prevention and Control at KMOPHS, "CDC and K-FELTP residents have played a critical role in the series of polio outbreaks that we've experienced in the past several months. We value their participation and assistance to the KMOPHS and look forward to their assistance in the upcoming immunization campaigns efforts to stop the transmission of wild polio virus in Kenya."

For further information, please contact Dr. Wences Arvelo at WArvelo@ke.cdc.gov

Updates from the Field...

New Appointees and Staff Changes



- Dr. Augusto Lopez comes to the division after serving eleven years as the epidemiologist resident advisor with the Central America FETP, based in Guatemala. Augusto is now the epidemiologist for the East Africa FETP Team.
- Dr. Wences Arvelo is the epidemiologist resident advisor for the Kenya FELTP. Wences, who completed CDC's Epidemic Intelligence Service, comes to the Kenya program from the Global Disease Detection Center in Guatemala, serving the Central America Region.
- Dr. Fabienne Laraque joined CDC in May 2011 and in August moved to Haiti as the Resident Advisor for FETP. She completed medical school and internal medicine residency training in Haiti. She obtained a NIH-Fogarty International Fellowship and received her MPH from Columbia University. She is a graduate of the CDC Epidemic Intelligence Service and of the NYC DOHMH Preventive Medicine Residency Program. Dr. Laraque has worked for the NYC DOH since 1997 with her most recent position as the Director of the Care and Treatment Housing Program for the Bureau of HIV Prevention and Control.
- Ms. Henita Kuntawala is currently serving as an ASPH Allan Rosenfield fellow, focusing on global program management. She comes to us from the University of North Carolina, where she graduated in May with her MSPH in Health Policy and Management. Through her fellowship, she hopes to gain an insight into the multiple components and logistics involved when managing a complex program like the FETP. She is specifically interested in enhancing her skills in financial planning and management.
- Ms. Rebecca Hartz is an ASPH Fellow working with the East Africa FETP Team as a public health advisor; Rebecca previously was working with CDC-Tanzania and before that, worked as a Peace Corps volunteer in Niger.
- Dr. Steven Wiersma will be the epidemiologist resident advisor for the Tanzania FELTP, starting in 2012. Steve, who started a version of the Epidemic Intelligence Service for the State of Florida, where he was a state epidemiologist, comes to the Tanzania program after an assignment with WHO-Geneva as a senior technical advisor for viral hepatitis.
- Dr. Anna Likos has joined the Field and Applied Epidemiology Training Program Branch as the Resident Advisor for the Morocco FETP. Dr. Likos has been with the CDC since 2003 and is a graduate of the EIS. Prior to working in the Branch, she was the CDC Country Director in Haiti, following which she served as the Director of the Global AIDS Program in Côte d'Ivoire.
- Dr. Linda Lucy Boulanger is the epidemiologist resident advisor for the Ethiopia FELTP. Lucy completed the Epidemic Intelligence Service, and has since been working in New Mexico as a public health practitioner and clinician with the Indian Health Service.
- Ms. Juliette Mannie retired on Dec 2, 2011 after almost 11 years of service to CDC. Juliette provided managerial, operational and administrative support to scientific, technical, and training experts who develop and deliver training 20

programs and strategies for improving the practice of public health with the FETPs in Africa.

- Mr. Jim Vaughan will be retiring on Dec 31, 2011 with 18 years of service. Jim became a contractor at CDC in 1993 as a database developer and part time teacher. This role quickly changed to being the primary trainer and part time database support for CDC's Human Resource Office (HRMO). He joined what is now the Division of Public Health Systems and Workforce Development (DPHSWD) in 2003. Jim is the focal point for the electronic Integrated Disease Surveillance and Response System (eIDSR) and travels internationally to customize and install this system for Ministries of Health, primarily in Africa. Jim frequently teaches Epi Info™ courses both locally and internationally, enabling students to provide data collection and advanced statistical analyses.
- Dr. Bao-Ping, formally with the China FETP, has assumed a new position with the World Health Organization where he will develop a FETP in Turkey.

For more information please contact
Beth Lee at 3xw6@cdc.gov

Tell us what you think...

Updates from the Field...Strengthening Public Health Systems and Workforce Capacity Globally is a quarterly newsletter produced by CDC's Division of Public Health Systems and Workforce Development. The newsletter aims to inform residents and graduates of Field Epidemiology Training Programs, national and regional partners, and the general public about news, events, training, and resources of interest. We welcome your feedback and would like you to take a few minutes to complete a survey. Please click the link: <http://www.surveymonkey.com/s/GWSB6NB>. Please send any additional comments and or suggestions to Ruth Cooke Gibbs at icn6@cdc.gov.

Updates from the Field...

Conferences/Events

Upcoming...

- 2nd EMPHNET Regional Conference, 6 to 9 December 2011, Sharm El-Sheikh, Egypt, <http://conferences.tephinet.org/emphnet-2011>
- International Health Conference IIUM 2011: An Applicability of Modern Scientific Technologies towards Health Researches, 7 to 8 December 2011, Kuantan, Pahang, Malaysia, <http://www.iiu.edu.my/ihsci2011>
- International Congress on Malaria Elimination (ICME), 18 to 20 January 2012, Kish, Hormozgan, Iran, <http://www.icme2012.ir/en>
- 4th eHealth and Environment Conference, 30 January 2012 to 2 February 2012, Dubai, United Arab Emirates, <http://congress.hbmeu.ac.ae/>
- GRF One Health Summit 2012: One Health - One Planet - One Future, 19 to 23 February 2012, Davos, Switzerland, <http://onehealth.grforum.org>
- Upwind Downwind Conference 2012: Unlikely Partners, 27 February 2012, Hamilton, Ontario, Canada, <http://www.cleanair.hamilton.ca/default.asp?id=42>
- 5th International Online Medical Conference (IOMC 2012), 3 to 11 March 2012, Online, <http://www.iomcworld.com/2012/>
- The 8th International Symposium on Pneumococci and Pneumococcal Diseases, 11 to 15 March 2012, Iguacu Falls, Brazil, <http://www.kenes.com/isppd>
- 15th World Conference on Tobacco or Health, 21 to 24 March 2012, Singapore, <http://wctoh2012.org/>
- 2012 3rd International Conference on Biotechnology and Food Science (ICBFS 2012), 7 to 8 April 2012, Bangkok, Thailand, <http://www.icbfs.org/>
- 20th International Conference on Health Promoting Hospitals and Health Services, 11 to 13 April 2012, Taipei, Taiwan, <http://www.hph2012.com/default.asp?page=10>
- 12th Social Research Conference on HIV, Hepatitis C and Related Diseases-Theme: Silence & Articulation, 12 to 13 April 2012, Sydney, New South Wales (NSW), Australia, <http://nchsrconference2012.arts.unsw.edu.au/>
- World Congress on Public Health, 23 to 27 April 2012, Addis Ababa, Ethiopia, <http://wfpha.confex.com/wfpha/2012/cfp.cgi>
- HIV Management 2012: the New York Course, 10 to 11 May 2012, New York, New York, United States, <http://newyorkcourse.com>
- Environmental Pollution and Public Health (EPPH2012), Special Track within iCBBE2012, 17 to 20 May 2012, Shanghai, China, <http://www.icbbe.org/epph2012>
- 12th World Congress on Environmental Health: New Technologies, Healthy Human Being and Environment, 21 to 27 May 2012, Vilnius, Lithuania, <http://www.ifeh2012.org>
- 2012 ISHEID: International Symposium on HIV & Emerging Infectious Diseases, 23 to 25 May 2012, Marseille, France, <http://www.isheid.com>



Director's Message

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In the coming year, we look forward to a number of other new initiatives that we feel will allow us to provide even greater support to our partners around the world. In this edition of the newsletter, we announce a new partnership with the International Association of National Public Health Institutions (IANPHI) Secretariat based at Emory University. Supported by the Bill and Melinda Gates Foundation, Emory's grant will allow the transition of its technical assistance program to be transferred to DPHSWD, as well as supporting projects to assist in the building or strengthening of CDC-like institutions in four countries.

We also look forward to the completion of a multi-site evaluation of FETPs supported by CDC. These evaluations will help us to assist partner countries in building stronger and more effective FETPs. Further details on this initiative will be forthcoming in an upcoming issue of the newsletter.

As we come to the close of 2011, I wish to thank all of our partners and colleagues around the world for their assistance, collaboration, and friendship. This year, with its economic and political turmoil has been particularly challenging, but despite the challenges, it is heartening to see the continued dedication of so many to improving the health of our respective populations and the global community as a whole. I look forward to 2012, and wish you and your families a healthy Holiday Season and prosperous New Year.

— Peter B. Bloland, D.V.M., M.P.V.M.
Director, Division of Public Health Systems
and Workforce Development
U.S. Centers for Disease Control &
Prevention

